MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/5///
APPLICANT(S)

CLAI	Ŋ	1	S
------	---	---	---

	10	FILED		TER	AFTER				
	IND		I"AME	NDMENT	2 nd AMENDMEN				
	1111	DEP.	IND.	DEP.	IND.	DEP.			
2	1-	11		 					
3									
4									
5		1 5	 						
7	1	18	 						
8		180	1			-			
9		19							
10	╄——	100_							
11	 	 	-						
13	 	 	 						
14									
15									
16 17	 								
18	 		 						
19		 							
20									
21 22	 	 							
23	 	 							
24			 						
25									
26	 	ļ							
27 28	ļ ———	 							
29		 							
30									
31									
32 33									
34									
35									
36									
37 38	<u></u>								
39									
40									
41									
42									
43 44									
45									
46									
47						 			
48			$ \top$						
49 50					$-\Gamma$				
TOTAL	7								
IND.		▼ [₩		4			
TOTAL DEP.	12	4	•	-					
TOTAL LAIMS	13								
PTO - 1360 (REV, 11/04)									

			AS FILED		•	AFTER				AFTER 2 MAMENDMENT		
			IND.	DE	Р.	IND	_			IND		DEP
	51										+	
ı	52 53	_		-								
ı	<u>53</u>	-		+			_		_			
ł	55	-		┪——			4				_ _	
ı	56			+			-		-		+	
	57						\dashv		-		+	
ı	58						7		7		╅	
ŀ	59	_		ļ							\top	
ŀ	60 61	4		 	_		4				\perp	
ŀ	62	+		 			4		4		_	
Ì	63	7		 	-1		\dashv		4		4	
	64				7		+		1	·	╫	
Ļ	65	\Box					十		1		+	
ŀ	66	4			\Box		I		7		_	
┢	67	4		<u> </u>	4		\perp		1			
1	68 69	╁		 			4	•	1			
H	70	+		 	-+		+		4		4	
r	71	†		 	╅		÷		+		+	
	72				1		+		╁		╁	
L	73	\perp					1		1		+	
F	74	4					I		1		1	
\vdash	75 76	╬					1		Ι			
┢	77	╁					+		1		<u> </u>	
r	78	╁			╁		╁		╂		╀	
	79	Ť			╁		+		╁		┼	
L	80						†		t		\vdash	
L	81	┸			\mathbf{I}		I		T		1	
\vdash	82 83	╀			1		L		L			
\vdash	84	╀			╂		╀		L			
卜	85	T			╂		╀		┞		<u> </u>	
Γ	86	十			╊		╀		┡			
	87	L			1		+		┢			
L	88	L			Т		1		┢		├	
L	89	L									-	
⊩	90 91	-			1							
┝	92	┝			┺		L		L			
┝	93	H			╂╌		 		L			
	94	r			┢		┝					
	95				1-		┢		-			
L	96											一
L	97	L										\neg
_	98	_						1				\neg
Η.	99	┡			<u> </u>							
	100 OTAL	-			L	[
	IND,	İ		1				1			1	1
	OTAL DEP.		·	(-			4		_	<u>_</u>	<u>.</u>	
	OTAL AIMS											
			U. Pa	S. DEPAR	TME rade	NT of CO	OMN ice	AERCE (Ú	A	4)	